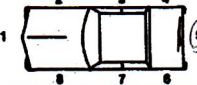

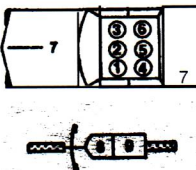


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-16627		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 09 18 15		DAY Friday		TIME: MILITARY 1405			
CRASH OCCURRED ON 1030 Hunters Run Dr.				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE			
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Wagner, Madeline M.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5813 Sawgrass Dr. West Chester, Ohio 45069									
PHONE NO.		BIRTH DATE 1 14 99		AGE 16	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. UJ988325		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Wagner, Jamey N.				ADDRESS 5813 Sawgrass Dr. West Chester, Ohio 45036								PHONE	
VEH YR 2015	MAKE Honda	MODEL Accord		COLOR Black	STYLE 4Dr	STATE OH	LICENSE PLATE NO. GJN-4503		TOWING SERVICE N/A		VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO. 2	NO OF OCCUPANTS 2		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Cincinnati Ins.							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Schreiner, Keith				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1030 Hunters Run #59 Lebanon, Ohio 45036									
PHONE NO. 513-292-9262		BIRTHDATE 6 20 81		AGE 34	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TF851961		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Beiser, James M.				ADDRESS 7702 Jason Ct. Liberty TWP, Ohio 45044								PHONE	
VEH YR 2015	MAKE Chevrolet	MODEL 1500		COLOR Black	STYLE Trk	STATE OH	LICENSE PLATE NO. GPC9396		TOWING SERVICE N/A		VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO. 2	NAME (LAST, FIRST, MI) Schreiner, Amy J.		BIRTHDATE 11 13 79		AGE 35	POSITION A B C D E F 1 1 3		INJURIES A B C D E F 5 5 5				
ADDRESS 1030 Hunters Run #59 Lebanon, Ohio 45036		PHONE		SEX F									
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	P-PEDESTRIAN 		1 FATAL 2 SERIOUSLY VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
ADDRESS		PHONE		SEX		CONDITION A B C D E F 1 1 1 1 1 1							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	RESTRAINTS A B C D E F 1 1 1		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
ADDRESS		PHONE		SEX		ALCOHOL A B C D E F 1 1 1 1 1 1							
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	EJECTION A B C D E F 1 1 1		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
ADDRESS		PHONE		SEX		DRUGS A B C D E F 1 1 1 1 1 1							
A	B	C	INJURED TAKEN TO		By		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED				
D	E	F	None						1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED				
A	B	C	INJURED TAKEN TO		By				1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED				
D	E	F							1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED				
OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION			
A		B		C		D		E		F			
O		P		Q		R		S		T			
RECEIVED CALL		DISPATCHED 1408		ARRIVED 1410		CLEARED 1428		OTHER TIME 10		TOTAL MINUTES 00offoff			
DATE REPORT FILED 9 18 15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Sgt Allen, M.		BADGE NO. 105		CHECKED BY					
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG											